



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed JUL - 9 1975 75-171 JUL 22 1975	
2. Agency Application No.		3. AGENCY, Division, Subdivision & Administering Office Address Georgia Department of Public Safety Staff Services Division - Management Services Section 959 E. Confederate Ave. Atlanta, Georgia 30316		4. Person to Contact Mrs. Lee Wilson	
				5. Working Title 6. Tel. No. 656-6059	
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1974 - Present		9. Exact Series Title Forms Negative Files			
10. What is the function of the office in which this record series is created? The Staff Services Division is responsible for personnel administration including recruitment and disengagement of personnel and maintenance of personnel records, for accounting of funds; receiving and disbursing funds and budgeting for funds; for the procurement of supplies and equipment, their issuance and maintenance; for planning and providing support to these operations including procedures writing forms design records management and reproduction services.					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to: Maintaining master copies of negatives used in reproducing forms. Included are: Negatives of forms. Files are arranged: Numerically by form number.					
ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers		12 drawers		10	
Legal-size File Drawers				Floor Space Occupied (Square Feet)	
				In Office(s) In Storage Area(s)	
				This Year's Last Year's Preceding Year's All Prior Years	
				AVERAGE DAILY REFERENCES	
				2	

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

- | | | |
|---|------|------|
| | YES | NO |
| 13. Is this the Record Copy of the series? | [XX] | [] |
| 14. Is there a duplication of this series in another office or agency? | [] | [XX] |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | [] | [XX] |
| 16. Does the series contain classified information requiring security handling? | [] | [XX] |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | [] | [XX] |
| 18. Could the function be performed if the files were lost or destroyed? | [XX] | [] |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | [] | [XX] |
| 20. Does the record series provide data as input to an EDP file? | [] | [XX] |
| 21. Does the record series contain documentation produced as EDP printout? | [] | [XX] |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | [] | [XX] |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | [XX] | [] |

24. REQUIREMENTS. The following requires the files to be kept indefinitely years:

a. [] STATE LAW b. [] STATUTE OF LIMITATION c. [] AUDIT PERIOD d. [] FEDERAL LAW e. [X] ADMINISTRATIVE DECISION f. [] HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - [] CALENDAR YEAR - [] FISCAL YEAR - [X] OTHER _____, then:

- [] Hold in the current files area _____ month(s)/_____ year(s):
 [] Transfer to [] State Records Center [] Local Holding Area; hold _____ year(s):
 [] Destroy.
 [] Transfer to State Archives for permanent retention.
 [] Destroy immediately after cut-off.
 [X] Other: (Specify)



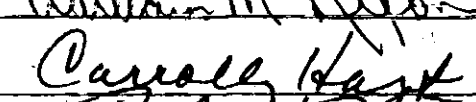

Hold in current files area until form is obsolete or superseded; then destroy.


Forms Coordinator

Concur ☒

Nonconcur _____

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)  Date <u>7-8-75</u>	OTHER REQUIRED SIGNATURES	DATE
26. Recommendations in paragraph 25 are: Agency Head/Designee <input checked="" type="checkbox"/> Approved [] Disapproved State Auditor/Designee <input checked="" type="checkbox"/> Approved [] Disapproved Secretary of State/Designee <input checked="" type="checkbox"/> Approved [] Disapproved Attorney General/Designee <input checked="" type="checkbox"/> Approved [] Disapproved	  	<u>7-9-75</u> <u>7-17-75</u> <u>7-15-75</u> <u>7-19-75</u>

STATE RECORDS
COMMITTEE